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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **3**

Application Number **09/336,207**

Application Date **June 18, 1999**

First Named Inventor **McCracken**

Group Art Unit **3635**

Examiner Name **Y. Horton**

Attorney Docket Number **8594560/97020**

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Deposit Account Authorization: In the event no specific fee has been authorized above or if a check is detached or misplaced, the Commissioner is authorized to charge the TOTAL DUE to our deposit account No. 12-2250. Any adjustment in the TOTAL DUE should be made to our deposit account No. 12-2250.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name **Daniel A. Rosenberg, Esq., Davis, Brown, Koehn, Shors & Roberts, P.C.**

Signature **Daniel A. Rosenberg**

Date **9-28-00**

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date **9/28/00**

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GAU3635  
HSP/a  
10/5/00  
Tn

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of )  
McCracken ) Group Art Unit: 3635  
Serial No. 09/336,207 )  
Filed: June 18, 1999 )  
For: SPANNING MEMBER WITH )  
CONVOLUTED WEB, C-SHAPED )  
FLANGES, AND END PLATE )

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AMENDMENT UNDER 37 C.F.R. § 1.111

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

In the matter of the above-identified application for United States Letters Patent and in response to the Office Action mailed September 1, 2000, kindly enter the following amendments, under 37 C.F.R. § 1.111 and consider the following remarks relative to reconsideration of the present application.

AMENDMENTS

In the Specification:

Kindly enter the following amendments:

At page 4, in lines 14, 15, 16, 17, and 18 kindly replace "alternative" with -- improved --.

At page 7, line 21 kindly replace "alternative" with -- improved --.